



TRAINING VERIFICATION FORM To be completed by the training center only

Section 1: Instructions

Please answer the questions below and return this form to International Education Research Foundation, Inc. (IERF).
Fill in the names of the courses and hours completed by the applicant using the spaces provided on the reverse of this form.
Please provide information on practical experience and/or apprenticeships if they are part of the program at your institution.

Note that this form should be sent directly to IERF at the following address:

Post Office Box 3665
Culver City, California 90231-3665
U.S.A.
Website: www.ierf.org

All records received from the institution(s) of study will become the property of IERF and will not be returned to the applicant.

Section 2: Please print or type.

Name of Student: _____

Name of Training Center: _____

Address of Training Center: _____

City

State

Zip/Postal Code

Country

Telephone: () _____ Fax: () _____ Email: _____

Program of Study Attended by Individual: _____

Length of Program (Please specify whether the length is in years, semesters, or weeks or hours.): _____

Language of Instruction: _____

Were practical and written examinations included in the program of study? _____

Name of Degree, Diploma, or Certificate Awarded: _____

Date that the Degree, Diploma, or Certificate was Awarded: _____

What is the minimum entrance requirement for this program of study? _____

The program is regulated by which authority (Ministry of Education, Health...)? _____

Is the person eligible to practice massage therapy in the country of study? _____

Studies Verified by (Name): _____ Title: _____

Signature: _____ Date: _____

Affix School Seal Here

MESSAGE THERAPY TRAINING VERIFICATION FORM
To be completed by the training institution only.

Section 3

Please fill in the names of the subjects and the hours completed by the applicant in the spaces provided below, if a training record is not available. Please be sure that the hours provided below correspond to any hours information that may already be provided on the applicant's training certificate (if applicable). Discrepancies in the hours of training will cause severe delays in the evaluation process.

Subjects

Classroom Hrs *Practical Hrs*

Total Hours: _____

Section 4

If the total hours exceed an average of 1600 hours per year of full-time study, please provide a breakdown of the schedule below.

Number of Hours per Day	
Number of Days per Week	
Number of Weeks per Year	
Other Comments:	

Thank you for your assistance.